



City and County of the City of Exeter

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

School Medical Officer

FOR THE

CITY AND COUNTY OF
THE CITY OF EXETER.

1938.



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SCHOOL MEDICAL STAFF

School Medical Officer.

GEORGE F. B. PAGE, M.D., D.P.H., Edin.

Assistant School Medical Officers.

JESSIE SMITH, M.B., Ch.B., D.P.H., Leeds

MURDOCH MACGREGOR, M.D., D.P.H., Glas.

Part Time.—(Temporary).

S. J. P. GRAY, M.A., M.B., B.Chir. Camb., F.R.C.S.E.

Operative treatment for Tonsils and Adenoids.

School Dental Surgeon

GEORGE VALENTINE SMALLWOOD, L.D.S., Eng.

Assistant School Dental Surgeon.

CLIFFORD A. REYNOLDS, L.D.S., ENG. (Appointed 1.9.37)

School Nurses.

MISS C. A. KNUCKEY.

MISS B. M. KNUCKEY

MISS M. M. FOY

MISS D. HICKSON

MISS A. EDDS

MISS G. M. LUNN (Appointed 3.1.38)

MISS M. F. R. ELY (Appointed 26.4.38 Resigned 3.12.39)

Clerks

W. G. LOTT

S. A. SNELL

Annual Report
of the
School Medical Officer
for the
CITY AND COUNTY OF THE CITY OF EXETER.
1938.

To the Chairman and Members of the Education Committee.

I have the honour to submit my Report upon the Medical Inspection of School Children for the year 1938. The Report has been planned according to the instructions of the Board of Education and contains the information the Board requires.

The medical inspection of school children under the present system is very nearly routine work, figures varying but slightly from year to year. The peak years of school population following certain years of increased birth rate have been reached and passed, consequently some decline in total numbers examined is to be expected.

The proposed extension of the City boundaries will not add greatly to our liabilities in this respect, and actually will ~~not~~ add a single school. On the other hand the raising of the school-leaving age will give a little more work, work which should prove interesting and important, for it is intended that boys and girls should be examined so far as possible in their last year, and this examination will have a vocational outlook.

The present routine examinations take place at the schools: it will probably prove more convenient to hold the final examinations at the Central Clinic.

The use of the term "central clinic" suggests the existence of branch clinics. These will come into being in 1939 for the treatment of minor ailments, and will be conducted during the school terms at the Community Centres in connection with the two large Council Housing Estates at Buddle Lane and Burnthouse Lane. Both these buildings are in use as Child Welfare Centres, having properly equipped medical rooms. This arrangement has made necessary the appointment of an additional whole-time assistant woman medical officer and the termination of certain part-time appointments. There will be a small saving in transport cost and a very large saving of school-time.

The Central Clinic at No. 1A, Southernhay West will remain open during the holidays as usual. The same medical officer and the same nurses will attend both Welfare and Branch Clinics in these districts, thus ensuring continuity of care.

The number of elementary school children examined at the routine ages was 2302 compared with 2675 the previous year. Re-inspections were 2573 against 2155 and special examinations 1558 against 1938. The routine examinations in 1937 were increased by reason of there being two medical officers at work in the latter part of the year to make up for time lost by sickness. Consequently some children were examined who would normally have been examined early in 1938.

Considerable importance is attached to special examinations outside the regular age groups, the cases being brought forward by parents, teachers, school nurses and other agencies. The value of re-inspection, where a defect recommended for treatment or requiring observation has been discovered, is obvious. Although mumps, measles and whooping cough were prevalent during the earlier part of the year, there were no unduly disturbing influences so that the work proceeded according to plan. Until the 31st July the dental surgeon had the assistance of one part-time dental officer—a temporary arrangement begun on 1st April, 1937. As from the 1st September a whole-time assistant dental officer and a second dental attendant were appointed. Under this arrangement the dental inspection and treatment of the whole elementary school population is provided for including those added by the raising of the leaving age. In addition these officers will carry out the dental treatment of expectant and nursing mothers on behalf of the Maternity and Child Welfare Committee, as well as a small amount of dental work in connection with certain institutions. Two of the latter are institutions for children, many of school age, and it is a common-sense arrangement that the dental welfare of these children should be the responsibility of one department. The institutions referred to are the Children's Home conducted by the Public Assistance Committee and Honeylands Children's Sanatorium conducted by the Public Health Committee.

For many years the medical staff has endeavoured to make child welfare work and school medical work a continuous whole, although these are conducted under different statutes, on somewhat different lines and under the direction of different committees. All records of importance made in the welfare centres are transcribed in the school records when the child passes from one stage to the other. The organisation is so arranged that the doctors and nurses are the same throughout.

The estimated cost of the school medical service for the financial year ending 31st March, 1939, is £4,819.

1.—STAFF.

Particulars of the Staff are given on Page 3.

2.—CO-ORDINATION.

The School Medical Officer is also Medical Officer of Health, and the Assistant School Medical Officers are Assistant Medical Officers of Health.

The Senior Health Visitor and School Nurse is in charge of the School Clinic. The four Health Visitors in charge of Health Districts are also School Nurses for those districts. The districts are identical with those of the Public Assistance District Medical Officers, and the District Sanitary Inspectors.

3.—SCHOOL HYGIENE.—Alterations and Improvements in Schools.

The following alterations and improvements were carried out during 1938.

Provided Schools.

JOHN STOCKER SENIOR BOYS' SCHOOL.

A new school providing 360 places was opened on 23rd June, 1938, by Alderman John Stocker, J.P., O.B.E.

The school is planned on one floor and comprises two quadrangles laid out in grass and crazy paving separated by a central hall and gymnasium which is provided with a stage. The various rooms surrounding the quadrangles include five ordinary class-rooms, two craft rooms and an art room. There is an excellent room for metal and woodwork, a well equipped laboratory including among other things an epidiascope and lantern. Other features are a pleasant headmaster's room, staff room and library—the latter being available for medical inspections. The cloakrooms are heated, the lavatory basins supplied with hot and cold water and the sanitary annexes ample and well constructed. Finally there is a very good playground.

Other items are :—

Newtown Junior Girls' and Infants' School—new water closets.

St. Thomas Infants' School—new water closets.

Holloway Street Girls' and Infants' Schools.—galleries removed, improved natural lighting and domestic hot water provided.

St. Mary Arches Infants' School—new floor.

Ladysmith Schools.—playing fields fenced and in course of development. Hot water installation in Girls' School.

St. James' Senior Girls' School.—new science room.

Non-Provided Schools.

The most important event was the complete remodelling of the Episcopal School and St. David's School. This group now comprises a Senior Boys' School, a Senior Girls' School and St. David's Junior Mixed School.

4.—Medical Inspection.

The Board's scheme of medical inspection has been carried out with little if any modification. Stages 1 & 2 of the Committee's re-organisation scheme have been completed.

The following is a list of elementary schools in the City as they stand at present together with the approximate number of scholars on the roll of each.

	No. on Roll 31/12/38
PROVIDED SCHOOLS.	
Cowick Street Infants	211
Exwick Junior Mixed and Infants	103
Holloway Street Junior Girls and Infants	200
Ladysmith Senior and Junior Boys	673
Ladysmith Senior and Junior Girls	421
Ladysmith Infants	352
John Stocker Senior Boys	347
John Stocker Junior Boys	392
Newtown Junior Boys	123
Newtown Junior Girls and Infants	207
St. James' Senior Girls	158
St. Mary Arches Infants	75
St. Thomas Senior Girls	294
St. Thomas Infants	152
Montgomery Junior Girls and Infants	497
Bradley Rowe Junior Boys	276
Bradley Rowe Senior and Junior Girls	538
Bradley Rowe Infants	378

NON-PROVIDED SCHOOLS.

Central Junior Mixed and Infants	168
Episcopal Senior Boys	233
Episcopal Senior Girls	226
Heavitree Parochial Junior Mixed and Infants	294
St. Luke's College Senior Boys	248
St. David's C. of E. Junior Mixed	158
St. Nicholas R.C. Junior Mixed and Infants	113
St. Sidwell's Junior Boys	142
St. Sidwell's Junior Girls and Infants	272
Whipton C. of E. Infants	35

5.—FINDINGS OF MEDICAL INSPECTIONS AND TREATMENT.

The number of cases dealt with in subsections a, b and c, below show an increase, particularly in respect of minor ear defects and the miscellaneous group, the previous years figures being shown in brackets. Attention is drawn especially to the increase in the miscellaneous group both in cases and attendances at the clinic. Many of these conditions are very trivial and could be treated quite easily at home by an intelligent parent. One wonders if it is really necessary to bring or send some of them to the Clinic, thereby wasting a large part of the forenoon. Two things suggest that more discrimination is required. First, personal observation and secondly the fact that the daily clinic clientele drops from 80-100 per day in term time to 6-12 per day in the holidays ! Experience elsewhere is much the same, in fact the school clinics close during the holidays in many places.

The time check on children using the clinic is in operation here as in most places, but it needs the co-operation of all parties concerned to make it effective. The Branch Clinics mentioned in the introduction to this report should also prove useful in saving school time.

It must be added that the position is not quite so unsatisfactory as the figures suggest. During term time a good many essential special examinations have to be made under sundry regulations. These tend to diminish almost to zero when the schools are closed. Nevertheless it is worthy of remark that children and their parents who find it desirable to crowd the clinic in term time for all sorts of reasons—good, bad and indifferent—quite suddenly find they can do without it during the holidays.

(a) Uncleanliness.

During the year, 232 visits were made by the Nurses in this connection involving 19,584 examinations, the number found to be unsatisfactory being 733. No legal proceedings were taken under Section 87 of the Education Act, 1921, but 20 children had to be dealt with at the Cleansing Station,

(b) **Minor Ailments.**

Treatment for these is given at the School Clinic, see Table IV., Group I.

(i) *Minor Eye Defects.*

23 cases were treated at the School Clinic, making 168 attendances.

(ii) *Minor Ear Defects.*

75 (54) cases were treated at the School Clinic, making 1069 (586) attendances.

(iii) *Miscellaneous.*

e.g., minor injuries, bruises, sores, chilblains, etc.

1130 (793) cases were treated at the School Clinic, making 10170 (6563) attendances.

All the above were cured.

(c) **Tonsils and Adenoids**

299 children received operative treatment under the arrangements made by the Education Authority, and 15 received operative treatment otherwise.

During recent years there has been a steady increase in the number of parents accepting advice as to operative treatment. This advice is given after careful consideration and frequently a long period of observation.

See Table IV., Group III.

(d) **Tuberculosis.**

During the year, 18 children were referred to the Clinical Tuberculosis Officer. The diagnosis was confirmed in 2, not confirmed in 12, while 4 remained under observation at the end of the year. In addition, 2 cases of non-pulmonary tuberculosis were treated at the Royal Devon and Exeter Hospital and 5 orthopaedic cases by the Devonian Association for Cripples Aid.

(e) **Skin Disease.**

(i) *Ringworm.*

During the past year it was again found unnecessary to treat any by X-Rays. 29 cases were seen at the School Clinic, all but 2 being treated there. 2 only of these were the troublesome ringworm of the scalp, the remaining 25 being the relatively unimportant ringworm of the body. They made 392 attendances at the Clinic and at the end of the year all were cured.

(ii) *Impetigo.*

27 cases of this disease were seen and treated at the School Clinic, making 257 attendances, and all were cured.

(iii) Scabies.

29 families were found to be suffering from this disease, and 41 cases were treated at the Cleansing Station, all were cured.

A circular was addressed to medical practitioners a year or two ago pointing out the importance (a) of treating scabies as a family disease, and (b) of disinfection on the completion of treatment, such disinfection being carried out free of charge by the Public Health Department.

(f) **External Eye Disease.**

In addition to those treated at the School Clinic, there were treated at the West of England Eye Infirmary, 39 cases, 12 in-patients (9 squint and 3 other conditions) and 27 out-patients See Table IV., Group II.

(g) **Vision.**

394 children received advice under the arrangements made by the Local Education Authority for correction of errors of refraction (including squint), 5 being treated privately. 366 pairs of spectacles were supplied, many of these were re-examinations.

(h) **Dental Defects.**

These are referred to in Table IV., Group IV.

6.—INFECTIOUS DISEASES.—School Children only.

Scarlet Fever 58 cases, Diphtheria 27, Chicken Pox 281, Rubella 7, Whooping Cough 257, Measles 646, Mumps 371, Impetigo 27, Ringworm 29.

We have accurate knowledge of the notifiable diseases: the other figures are taken from the weekly returns and are incomplete.

There were no deaths among school children certified as due to infectious disease.

There were rather more cases of scarlet fever than usual, all mild and singularly free from complications. Measles and whooping cough were prevalent from February to June, both diseases reaching their peak in March. Mumps was also prevalent during the first five months of the year with the peak in March. Although mumps in young children is generally free from complications, it is one of the most tiresome infectious diseases by reason of its long incubation period.

There was an increase in diphtheria cases (27) after the abnormally low incidence (8) of the previous year.

7.—FOLLOWING UP.

The City is divided into four Health Areas each having its own Health Visitor, who acts as School Nurse, and its own Child Welfare Centre. Supervision of the child is therefore continuous from birth onwards so far as possible. Further medical co-ordination has been accomplished by making the districts of the Public Assistance District Medical Officers and District Sanitary Inspectors identical with these areas.

There is also close co-operation with the Exeter Maternity and District Nursing Association.

During the year the school nurses made 4,273 home visits against 1,812 in 1937. The number of visits is influenced by the prevalence of infectious disease.

The work of home visiting has not been interrupted by reason of illness amongst the staff and shows a considerable increase. Both Eastern and Western Districts have the advantage of an additional school nurse. This has made it possible to overtake the large amount of work in these areas.

8.—MEDICAL TREATMENT AVAILABLE.

- (a) **Minor Ailments** are treated at the School Clinic.
- (b) **Tonsils and Adenoids** cases, by arrangement with the Public Assistance Committee, are operated upon at the City Hospital.
- (c) **Tuberculosis.**
 - (1) At the City Tuberculosis Dispensary.
 - (2) At Honeylands Children's Sanatorium and School which has 20 beds for all types of tuberculosis suitable for this form of treatment provided they are not surgical cases or examples of adult type phthisis.
 - (3) At the Tuberculosis Wards at the Exeter Isolation Hospital for sputum positive cases, which are very rare in childhood.
 - (4) At the Princess Elizabeth Orthopaedic Hospital for cases of bone and joint disease, and at the Royal Devon and Exeter Hospital for other surgical cases.
- (d) **Skin Diseases** are treated at the School Clinic.
- (e) **External Eye Diseases** are treated at the School Clinic and also at the West of England Eye Infirmary, the latter being paid for at the rate of 2/- per visit, and all vision cases are dealt with at the West of England Eye Infirmary, being charged for at the rate of 7/- for examination, plus cost of spectacles which varies in individual cases.

Many cases of refractive error and squint are detected and remedied at the Welfare Centres.

Fusion treatment for squint cases, either with or without operation, has been continued, the cases being selected by the honorary surgeons of the West of England Eye Infirmary. The cost is fifteen shillings per period of three months, or 1/6 per attendance. The cost of operative treatment for squint is £7-10-0 and for other cases 7/- per day.

Fusion treatment cases for the year may be tabulated as follows :—

9 cases attending for regular treatment.

32 cases attending for periodic treatment.

During the year these 41 children have made a total of 312 attendances.

The aesthetic results are good ; the exact benefit to vision depends on circumstances. As with most forms of treatment, the intelligent co-operation of the patient is essential.

Exeter must have been one of the first places to start this useful form of treatment, the Board's permission being originally conditional upon a report after an experimental period—See Annual Report for 1933.

(f) **Ear Disease and Hearing** cases are treated at the School Clinic.

(g) **Dental Defects** are treated at the School Dental Clinic.

As stated in the introduction, there have been two whole-time dental surgeons and dental attendants since 1st September. There are two excellent dental surgeries, a recovery room and waiting room incorporated in the Central Clinic building. Both surgeries are equipped with up-to-date electrical dental units.

When an anaesthetic is required, general anaesthesia with nitrous oxide gas is usually found most suitable. The dental surgeons have also been trying vinyl-ether which seems to give good results in children in spite of its rather unpleasant odour. All general anaesthetics are administered by a medical practitioner.

(h) **Crippling Defects and Orthopaedics.—Rheumatism.**

Under the agreement between the Education Committee and the Devonian Association for Cripples Aid, a complete orthopaedic service is available for *elementary school children*. Under present arrangements any doctor may refer cases to the Association's Exeter Clinic and the Local Authority guarantees the first clinic fee. Thereafter cases are referred back to the School Medical Officer for approval and for the assessment of parents' contributions according to the Council's scale. The Association makes the following charges.

Princess Elizabeth Hospital—£2 10s. 0d. per week.

Convalescent Home, Tipton St. John—£1 15s. 0d. per week.

Hospital out-patients—2/6 per visit.

Clinic—4/- per visit.

With the approval of the Board of Education, the Association has agreed to admit suitable cases of juvenile rheumatism to its convalescent home at Tipton St. John, where such children can continue their education. The number of such cases, is, however, very small and none have been reported since the agreement was made. Previously their needs had to be met by various makeshift arrangements.

(i) **Diseases of the Nervous System.—Child Guidance.**

With the approval of the Board of Education, certain cases of functional and organic diseases of the nervous system, selected by the School Medical Officers, are sent to the Clinic conducted by Dr. R. N. Craig on Tuesday afternoons in connection with Exeter Dispensary.

During 1938 only one case was so referred against six the previous year.

In addition to the Clinic for Nervous Diseases, Dr. Craig conducts a Child Guidance Clinic once a week for Exeter and District.

A number of children are sent to this Clinic from time to time from the Juvenile Court without reference to the officers of the Education Committee, the selection being made apparently by the police in many instances. As a result of an application for substantial financial assistance made to the Local Authority by the Exeter Dispensary, the whole matter has been under review. The present arrangement is clearly unsatisfactory.

In last year's report the experimental nature of all this work was explained, and this has recently received the strongest endorsement from no less a source than the Home Secretary when speaking in the House of Commons on the Criminal Justice Bill.

Some laymen seem to have the most confused ideas about the scope and limitations of so-called child guidance work. It is often overlooked that experienced school teachers and other officers of the Education Committee, both medical and non-medical, do a great deal of useful work in this direction. One has every sympathy with those charged with the administration of juvenile justice. Developments in recent years have been doubtless well meant but nevertheless curiously lopsided, making the task of the sympathetic and conscientious justice one of the greatest difficulty.

In the meantime I have continued the only form of co-operation open to me, whereby under a private arrangement Dr. Craig is supplied with confidential reports on the physical condition of these children and any other relevant information possessed by the School Medical Department. Last year fifty report were furnished.

(j) **Contribution towards the cost of Treatment.**

All Parents making use of the School Medical Treatment Schemes are called upon to pay according to their means, on a scale approved by the Ministry. During the year 1937-38, the cost and contributions were as under.

		<i>Cost to Authority.</i>			<i>Contributions by Parents.</i>		
		£	s.	d.	£	s.	d.
Tonsils and Adenoids	....	595	0	6	184	1	9
Vision	....	295	3	3	57	1	4
Orthopaedic	....	402	1	5	38	2	1
Dental	....	1077	11	11	70	7	0

9.—OPEN AIR EDUCATION.

At Honeylands Children's Sanatorium the school is conducted on open-air principles. There is no open-air day school in Exeter.

10.—PHYSICAL TRAINING AND RECREATION.

During the holidays Play Centres were arranged as follows the equipment being provided by the Authority.

Whitsun holiday, 7th to 11th June, excluding Whit Monday.

Belmont	.....	average attendance	200-225
St. Thomas	.....	" "	200-250
St. Loye's	.....	" "	100
Heavitree	.....	" "	150-200

August Holiday, 2nd to 26th August.

Belmont .....	.....	average attendance	150-200
St. Thomas .....	.....	”	250
St. Loye's .....	.....	”	100
Heavitree .....	.....	”	150-200

Each centre is in charge of an adult play-leader. A variety of games is available to suit all ages and tastes.

The value of these centres is obvious: they are doing an excellent piece of work. Apart from keeping boys and girls pleasantly employed and out of mischief, they provide the opportunity for team games which the elementary school child has tended to lack. I have made a point of visiting these centres since they were started a year or two ago.

Keep Fit Classes for men and women were introduced by the Education Committee in the Spring Term, 1937, as part of their scheme for further education.

Classes were organised as follows:—

JANUARY, 1938.

“ Keep-Fit ” Classes.		No. of	
MEN.		Participants.	
2 Classes at Hele's School .....	.....	56	} 125
1 Class at St. Luke's College .....	.....	38	
1 Class at Ladysmith .....	.....	31	
WOMEN.			
3 Classes at Bishop Blackall School .....	.....	141	} 181
1 Class at Maynard School .....	.....	40	
Folk Dance Classes.			
2 Classes at Montgomery School .....	.....	90	

SEPTEMBER, 1938.

“ Keep-Fit ” Classes.		No. of	
MEN.		Participants	
2 Classes at Episcopal School		41	} 159
1 Class at Ladysmith .....	.....	27	
2 Classes at John Stocker School .....	.....	37	
2 Classes at Hele's .....	.....	32	
2 Classes at St. Luke's College .....	.....	22	
WOMEN.			
1 Class at St. James' School		18	} 171
3 Classes at Bishop Blackall School .....	.....	127	
1 Class at Maynard .....	.....	26	
1 Class at Wonford Victory Hall		28	} 64
		From 19th Nov. 1938	
2 Classes at R. Devon & Exeter Hospital (for Nurses)		36	
		From 26th Nov. 1938	

Folk Dance Classes.**MEN AND WOMEN.**

2 Classes at Montgomery School		76	} 106
WOMEN. 2 Classes at St. James School		30	

Arrangements with the County Education Committee as to the sharing of the services of trained organisers, were noted in a previous report and are now in being.

11.—PROVISION OF MEALS.—Milk in Schools Scheme.

It is highly satisfactory to be able to report that all the 31 school departments have now adopted the official scheme, that is pasteurised milk at one halfpenny per third of a pint. It may still be desirable for some infant schools to run supplementary schemes of malted milk, cocoa etc., but on the whole the official scheme will be found the best and cheapest. Neither the Education Committee nor its officers have ever attempted to force any particular scheme on schools, thus the milk at half price scheme has won solely on its merits.

The number of children taking milk varies from one-third to two-thirds of those on the roll. It varies from school to school, and with the season.

Nutrition as estimated at the medical inspection of school children is simply the personal opinion of the examiner of a particular batch of children. It has been shown over and over again that two examiners may produce quite different figures from the same material. Many attempts have been made to evolve standard methods so that results may be comparable. None of these methods are sufficiently simple and satisfactory as to justify their adoption in routine school work.

In Exeter very few children are classified as seriously under-nourished (actually .04% representing 1 child in 1938 and .04% representing 1 child in 1937) and special reports are always called for in these cases. There are many causes of slight degrees of malnutrition besides lack of food, probably late hours and insufficient sleep are the commonest, as well as bad management in the home, and physical illness.

In 1937 we had a welcome and accidental check upon our nutrition estimates. It will be remembered that Dr. Mills, a temporary assistant, carried out a good deal of inspection work during the absence of Dr. Smith on account of illness. The results of both officers work agreed very closely. It has also been found that the estimates of nutrition by various deputy medical officers inspecting the Junior Technical School agree fairly closely with my own figures obtained at Hele's School.

At Hele's School (Secondary) a hot mid-day meal is supplied on all days when there is afternoon school.

The meal consists of two courses (meat and two vegetables, followed by pudding) and the cost is £2 per term. This arrangement has now become so popular that the accommodation of the dining hall is taxed to the utmost. It is satisfactory to know that parents realise the value of a substantial mid-day meal for growing boys, many of whom travel considerable distances to attend school. Snacks, sandwiches and so forth definitely fail to meet their physiological requirements.

12.—SCHOOL BATHS.

During the summer session of 1938, 1,602 children received instruction in swimming. 513 lessons were given with a total of 12,364 individual attendances. Of the pupils who attended, 1,150 were beginners and 269 of these were able to swim at least 25 yards by the end of the session.

Certificates were gained as follows :—269 for 25 yards, 149 for 50 yards, 102 for 100 yards, 57 for 440 yards, 58 for 880 yards, 18 for one mile, and 85 for back stroke for 50 yards. In addition 125 children received instruction at Head Weir, where 16 lessons were given with a total of 206 individual attendances.

It is difficult to assess accurately the value of the instruction given, as children may begin attendance at the Baths at any time during the season. Only one certificate is issued per child; *i.e.*, for the longest distance, so that the number of children gaining certificates is 520.

The number of certificates granted is lower because a much higher standard of performance has been insisted upon.

It was not possible to award the Ross Shield (given annually to the school bringing forward the largest proportion of learners) owing to the operation of the schools re-organisation scheme.

The usual swimming gala was held for the boys and girls.

13.—CO-OPERATION OF TEACHERS, PARENTS, VOLUNTARY BODIES, ETC.

My thanks are due to the Head Teachers of our schools for all the help they give in connection with medical inspections, the prevention of infectious disease and securing adequate treatment where necessary.

The co-operation of the National Society for the Prevention of Cruelty to Children is also appreciated.

The presence of parents at the routine examination of their children is obviously advantageous to all concerned. The proportion of parents present at these examinations was high, being 79%

14.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

So far as blind children and deaf and dumb children are concerned, they are usually recommended to the West of England Institution for the Blind and to the Royal West of England Institution for the Deaf and Dumb as the case may be.

Normally children sent to these institutions are resident, although exceptions have been made in particular circumstances. There are many advantages to be found in residence, as children suffering from these physical defects require the specially adapted forms of recreation that are provided as well as specialised education.

The ascertainment of mentally defective children in the schools may be regarded as fairly complete and accurate. Ascertainment in the first instance rests very largely with head teachers, who should be careful to report for special examination any child whose behaviour or progress is abnormal. In the past a great deal of help has been received from teachers and this opportunity is taken of gratefully acknowledging their co-operation. Nevertheless from time to time children do slip through the net and are not ascertained until they are about to leave school or have actually left. Some of these are cases of the difficult borderline type; they have been under observation, but ascertainment has been quite properly deferred. Others have not been brought to the notice of the School Medical Department for various reasons. Steps are being taken to tighten up this "primary ascertainment" by teachers. There will, however, always be difficulty in some cases—for example, the child who is never at any one school very long owing to the parents moving about.

It is the policy of the Committee to provide for the majority of educable defectives in special classes in the ordinary schools. Such a policy is wise, humane, and comparatively inexpensive. There are still people who think that the solution of the problem lies in the organisation of special day schools and who would resurrect the "daft schools" and "silly schools" of the not too distant past. The stigma which undoubtedly attached to that kind of school was enough to condemn it.

It may come as a surprise to some to know that the vast majority of educable defectives that have been passed on to the Mental Deficiency Committee for friendly supervision upon reaching the age of 16, are in regular and remunerative employment. There remains, however, a by no means insignificant minority who because of the degree of their mental defectiveness, their habits or their home surroundings, can only be expected to derive satisfactory training in special residential institutions. Moreover, as might be expected, the period of training required is often a long one. Quite a number of these boys and girls are eventually able to support themselves under one or other of the forms of supervision authorised by the Mental Deficiency Acts.

At the present time there is a very serious shortage of places in residential institutions for the training of educable mentally defective children between the ages of 7 and 16. It is the duty of local authorities to provide the necessary places, particularly when it is remembered that a certain number of parents are willing and anxious that their children should have the benefit of this kind of care.

The majority of our institutional cases are sent to the Royal Western Counties Institution at Starcross. Ineducable mentally defective children over the age of 7, imbeciles and idiots, are under the care of the Mental Deficiency Committee of the City Council.

One is glad to note a growing tendency to regard the whole mental deficiency problem as one, rather than as separate problems under different statutes administered by different committees. One is also glad to note a growing interest in these matters.

The 86 mentally defective children under the care of the Education Committee during the year were disposed as follows :—

In special residential schools	.....	.....	.....	8
At other Institutions	.....	.....	.....	1
Attending private schools	.....	.....	.....	1
Attending elementary schools	.....	.....	.....	47
Permanently excluded	.....	.....	.....	8
Between 14 and 16 years of age and therefore left school	.....	.....	.....	21
Total	.....	.....	.....	86

15.—SECONDARY AND JUNIOR TECHNICAL SCHOOLS.**(a) Medical Inspection.**

The School Medical Department inspects two such schools, namely Hele's School with a roll of approximately 395 boys, and the Junior Technical School with a roll of 80.

The inspections are made annually in October and November. Hele's School was inspected by the School Medical Officer, the age groups being in accordance with the Board of Education's Memorandum dated November, 1925. The Junior Technical School was inspected by Dr. M. MacGregor all the boys being submitted to a full inspection.

(b) Medical Treatment.

There are no arrangements made for treatment by the Local Education Authority of those children found to be defective and they are treated by their own medical and dental attendants. The arrangements for following up are left in the hands of the Headmasters of the Schools.

Reference to Table II. will show the defects found and the amount of treatment obtained up to the end of the year.

16.—CONTINUATION SCHOOLS.

None.

17.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

Under the Bye-Laws in force, 170 medical certificates were issued and 111 children were re-examined for continuation of employment.

In 21 cases, medical certificates were deferred owing to the children requiring medical treatment. Certificates were granted in 5 cases only, 16 not having obtained treatment.

18.—CHILDREN AND YOUNG PERSONS ACT, 1933.

The City Council as Local Authority, has delegated its powers under this Act to the Education Committee, other than any powers to borrow money and with the exception of powers arising out of section 12. (Failure to provide for safety of children at entertainments), section 65 (Power of Poor Law Authority to bring a refractory child before a Juvenile Court), section 77 (Provision of Remand Home), and Part 5 (relating to Voluntary Homes).

The School Medical Officer and his Assistants make the necessary examinations, and the Secretary for Education acts as Central Officer for collecting the various documents and reports that may be required. Arrangements have been made with private medical practitioners for the treatment of children and young persons who may be sick while in remand homes or under the guardianship of fit persons.

At present four children are boarded out under this Act, and 8 boys and 3 girls are in Approved Schools.

19.—ORTHOPAEDIC TREATMENT. See Section 8 (h), page 13.

Hospital Cases 14. Clinic Cases 95. Total 109. They were classified as under :—

Infantile Paralysis	....	11	
Rickets	....	16	
Condition due to injury	....	14	*NOTE—Tubercul-
Congenital defects	....	21	ous cases are dealt
Miscellaneous	....	47	with through the
		—	Tuberculosis Dispen-
		109	sary.
Tuberculosis	....	8*	
		—	
Total	....	117	
		—	

I am, Ladies and Gentlemen,

Your obedient Servant,

G. F. B. PAGE,

School Medical Officer.

ELEMENTARY SCHOOLS

1938

ELEMENTARY SCHOOLS, 1938.

Population of City	....	....	....	69,240
Elementary School Population	....	....	....	7,286
No. of Elementary Schools	....	....	....	19
No. of Departments	....	....	....	31

TABLE I.

**Return of Medical Inspections 1st January to 31st December,
1938.**

A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.

Entrants	....	....	....	811
Second Age Group	....	....	....	611
Third Age Group	....	....	....	590
Total	....	....	....	2,012

Number of other Routine Inspections			290
-------------------------------------	------	------	-----

B.—OTHER INSPECTIONS.

Number of Special Inspections	....	....	1558
Number of Re-Inspections	....	....	2573
Total	....	....	4,131

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of *individual children* found at *Routine Medical Inspections* to require treatment (excluding **Uncleanliness and Dental Diseases**).

Prescribed Groups.

Entrants .....	.....	.....	.....	.....	186
Second Age Group .....	.....	.....	.....	.....	145
Third Age Group .....	.....	.....	.....	.....	117
Total (Prescribed Groups)				.....	448
Other Routine Inspections	.....	.....	.....	.....	148
Grand Total				.....	596

B. CLASSIFICATION OF THE NUTRITION OF
CHILDREN INSPECTED DURING THE
YEAR IN THE ROUTINE AGE GROUPS.

(In accordance with Administrative Memorandum No. 124,
dated 31st December, 1934).

Age-Groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	811	132	16.3	559	68.9	119	14.7	1	.1
Second Age-Group	611	85	13.9	420	68.7	106	17.4	—	—
Third Age-Group	590	105	17.8	413	70.0	72	12.2	—	—
Other Routine In- spections	290	21	7.2	207	71.4	62	21.4	—	—
Total	2302	343	14.9	1599	69.46	359	15.6	1	.04

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL
INSPECTION IN THE YEAR ENDED
31st DECEMBER, 1938.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
SKIN :—				
Ringworm—Scalp	—	—	2	—
Body	7	—	20	—
Scabies..... ..	4	—	38	—
Impetigo	3	—	24	—
Other Diseases (Non-Tuberculous)	34	186	301	59
EYE :—				
Blepharitis	2	22	5	2
Conjunctivitis	3	3	15	3
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Other Conditions (excluding Defective Vision and Squint)	4	34	11	8
Defective Vision (excluding Squint)	146	73	169	3
Squint	23	23	8	1
EAR :—				
Defective Hearing	1	42	2	7
Otitis Media	7	11	42	1
Other Ear Diseases	10	20	26	16
NOSE AND THROAT :—				
Chronic Tonsillitis only	81	372	34	30
Adenoids only	12	15	7	2
Chronic Tonsillitis and Adenoids	220	83	145	13
Other Conditions	4	238	50	79
ENLARGED CERVICAL GLANDS :— (Non-Tuberculous)	1	329	—	78
DEFECTIVE SPEECH :—	—	117	—	2

TABLE II.—continued.

Defect or Disease.	ROUTINE INSPECTIONS.		SPECIAL INSPECTIONS.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.
(1)	(2)	(3)	(4)	(5)
HEART AND CIRCULATION :—				
Heart Disease :				
Organic	1	5	—	—
Functional	—	3	—	1
Anaemia	—	35	1	2
LUNGS :—				
Bronchitis	—	20	—	5
Other Non-Tuberculous Diseases	—	2	—	—
TUBERCULOSIS :—				
Pulmonary :—				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary :—				
Glands	—	—	—	—
Bones and Joints	—	1	—	—
Skin	—	1	—	—
Other Forms	—	7	—	—
NERVOUS SYSTEM :—				
Epilepsy	—	1	—	—
Chorea	—	—	—	—
Other Conditions	1	32	1	2
DEFORMITIES :—				
Rickets	3	148	2	—
Spinal Curvature	1	14	1	—
Other Forms	31	205	15	7
OTHER DEFECTS AND DISEASES (excluding Uncleanliness and Dental Diseases)	66	277	34	209
TOTAL	665	2319	953	530

TABLE III.—Return of all Exceptional Children in the Area.**Blind Children.**

A blind child is defined by Section 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally blind, and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class should be included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	—	—	Nil

Partially Sighted Children.

Enter in this Section only children who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children without fatigue or injury to their vision should not be included in this Table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total
5	—	—	—	—	5

Deaf Children.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing, and can be appropriately taught in a school for partially deaf children. Only the first class should be included in this section.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	—	—	2	3

TABLE III.—continued.**Partially Deaf Children.**

Enter in this Section children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	—	2	—	—	2

Mentally Defective Children.**FEEBLE-MINDED CHILDREN.**

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are incapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following table should include all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928. Particulars relating to these children should be entered in the return of notified children—Form 307M.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools	At Other Institutions.	At no School or Institution.	Total.
8	47	2	29	86

Epileptic Children.**Children suffering from Severe Epilepsy.**

In this part of the Table only those children should be included who are epileptic within the meaning of the Act, *i.e.*, children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total.
1	1	—	—	2

TABLE III.—continued.**Physically Defective Children.****A. TUBERCULOUS CHILDREN.**

Tuberculous children in areas other than Counties or County Boroughs who have been ascertained by the County Tuberculosis Officer should not appear in the Table for the County but in the Table for the appropriate area.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere should be recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment should be recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment should be recorded as delicate children provided the Medical Officer is prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

I. Children suffering from Pulmonary Tuberculosis.

(Including pleura and intra-thoracic glands).

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
9	19	—	—	28

II. Children suffering from Non-Pulmonary Tuberculosis.

(This category should include tuberculosis of all sites other than those shown in I. above).

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
5	32	—	—	37

B.—DELICATE CHILDREN.

This Section should be confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children should be included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. At the same time it should be remembered that children should not be regarded as suitable for admission to an Open Air School unless the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
6	11	—	—	17

TABLE III.—continued.**C.—CRIPPLED CHILDREN.**

This Section should be confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, *i.e.*, children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the school curriculum as gardening or forms of handwork usually engaged in by other children, and in whose case the Medical Officer would be prepared to certify under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	21	—	1	22

D.—CHILDREN WITH HEART DISEASE.

This Section should be confined to children in whose case the Medical Officer would be prepared to certify, under Section 55 of the Education Act, 1921, that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
—	9	—	—	9

Children suffering from multiple defects.

Information is only required in respect of children suffering from any combination of the following types of defect :—

- Blindness (excluding partially sighted children).
- Deafness (excluding partially deaf children).
- Mental Defect (Feeble-minded).
- Severe Epilepsy.
- Active Tuberculosis.
- Crippling as (defined in Section C above).
- Heart Disease.

Number of children suffering from any combination of the above defects—1.

TABLE III.—continued.

Statement of the number of Children notified during the year ended 31st December, 1938, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 5

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	Boys.	Girls.
1. Children incapable of receiving benefit or further benefit from instruction in a Special School :		
Idiots	2	—
Imbeciles	1	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	2	—
GRAND TOTAL	5	—

TABLE IV.—Return of Defects Treated during the Year ended 31st December, 1938.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness) for which see Group VI.

Disease or Defect. (1)	Number of Defects treated or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN—			
Ringworm Scalp—			
(i). X-ray Treatment. If none, indicate by dash.....	—	—	—
(ii). Other Treatment	2	—	2
Ringworm—Body	25	2	27
Scabies	41	—	41
Impetigo	27	—	27
Other skin disease	—	—	—
MINOR EYE DEFECTS— (External and other, but excluding cases falling in Group II.)	23	—	23
MINOR EAR DEFECTS—	75	—	75
MISCELLANEOUS— (e.g., minor injuries, bruises, sores, chilblains, etc.)	1130	—	1130
Total	1323	2	1325

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease. (1)	Number of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Errors of Refraction including Squint.....	394	5	399
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	39	1	40
Total	433	6	439

TABLE IV.—GROUP II.—continued.

Defect or Disease.	No. of children for whom spectacles were—					
	Prescribed. (a)		Total.	Obtained. (b)		Total.
	Under the Authority's Scheme.	Other-wise.		Under the Authority's Scheme.	Other-wise.	
Errors of Refraction (including Squint)	372	5	377	366	5	371

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.

Received Operative Treatment.												Received other forms of Treatment.	Total number Treated.
Under the Authority's Scheme in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)						(4)	(5)
i	ii	iii	iv	i	ii	iii	iv	i	ii	iii	iv		
—	—	299	—	—	—	15	—	—	—	314	—	—	314

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other Defects of the Nose and Throat.

Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme. (1)			Total number treated.
	Residential treatment with education. (1)	Residential treatment without education. (ii)	Non-Residential treatment at an orthopaedic clinic. (iii)	
Number of children treated	14	—	109	

	Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non-Residential treatment at an orthopaedic clinic.	
Number of children treated	—	—	—	109

TABLE IV.—continued.

Group V.—Dental Inspection and Treatment.

(1) Number of children inspected by the Dental Surgeons.

(a) Routine age-groups

Age	5	6	7	8	9	10	11	12	13	14	Total.
Number	590	690	656	771	799	803	624	588	421	59	6,001
(b) Specials											408
(c) TOTAL (Routine and Specials)											<u>6,409</u>
(2) Number found to require treatment											2,886
(3) Number actually treated											1,861
(4) Attendances made by children for treatment											4,713
(5) Half-days devoted to :—											
Inspection				89							
Treatment				571							
Total				<u>660</u>							
(7) Extractions :—											
Permanent Teeth											1212
Temporary Teeth											<u>2954</u>
Total											<u>4166</u>
(8) Administration of general anaesthetics for ex- tractions											1264
(9) Other Operations :—											
Permanent Teeth											1287
Temporary Teeth											<u>943</u>
Total											<u>2230</u>
(6) Fillings :—											
Permanent Teeth				2369							
Temporary Teeth				92							
Total				<u>2461</u>							

Group VI.—Uncleanliness and verminous conditions.

- (i). Average number of visits per school made during the year by the School Nurses 8
- (ii). Total number of examinations of children in the Schools by School Nurses 19,584
- (iii). Number of individual children found unclean 733
- (iv). Number of children cleansed under arrangements made by the Local Education Authority 20
- (v). Number of cases in which legal proceedings were taken :—
- (a) Under the Education Act, 1921 Nil
- (b) Under School Attendance Bye-Laws Nil

**Table V.—Table showing number of Children who attended the
Inspection Clinic for Examination 1938.**

Total	—	2,614
They were sent by the following :—		
Head Teachers	.....	1,031
School Medical Officer	.....	739
School Nurse	.....	302
Medical Practitioners	.....	11
Parent's Own Initiative	.....	243
Miscellaneous	.....	—
*Inquiry Officers	.....	288
Total	.....	<u>2,614</u>

Conditions requiring Examination.

Uncleanliness	.....	Dental Diseases	.....
Ringworm	.....	Heart and Circulation	.....
Impetigo	.....	Lung (Non-Tubercular)	.....
Ear Disease	.....	Nervous System	.....
Defective Vision	.....	Deformities	.....
Nose and Throat	.....	Other Defects and Diseases.....	
Glands	.....	*Certificates of Fitness to	
Defective Speech	.....	attend School, Employ	
		ment Certificates, &c.	.....

Secondary School and Junior Technical School 1938

TABLE I.

Return of Medical Inspection 1st January to 31st December, 1938.

INSPECTED :—

School.	Examinations.		Total.
	Complete.	Curtailed.	
Junior Technical (Boys)	79	—	79
Hele's (Boys)	235	146	381
Total	314	146	460

TABLE II.

A. RETURN OF DEFECTS found in the Course of Medical Inspection, 1938.

School.	Defect or Disease.	EXAMINATIONS.				Had Treatment at end of year. *
		Complete.		Curtailed.		
		No. of Defects		No. of Defects		
		Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but <i>not</i> requiring treatment.	
	(1)	(2)	(3)	(4)	(5)	
Junior Technical (Boys)	Vision	6	—	—	—	3
	Tonsils and Adenoids	—	5	—	—	—
	Teeth	5	1	—	—	2
	Ear Disease	1	1	—	—	1
	Other Defects	—	2	—	—	—
Hele's (Boys)	Malnutrition	5	6	—	—	4
	Skin Disease	—	—	—	—	—
	Eye Disease	1	—	—	—	1
	Vision and Squint	24	—	5	1	20
	Ear Disease	1	—	2	1	3
	Tonsils and other Conditions	5	19	—	2	2
	Nose and Throat	—	—	—	—	—
	Teeth	11	—	2	—	8
	Heart Trouble	—	—	—	—	—
	Deformities	3	3	—	1	1
	Other Defects	10	—	1	2	8

*This return was made only two months after the inspection, no doubt the other defects will be remedied before the next inspection.

TABLE II.—continued.

B. Number of *individual children* found at *Routine Medical Inspection* to require treatment.

School.	Group.	Number of Children.		Percentage of Children found to require treatment.
		Inspected.	Found to require treatment.	
Junior Technical (Boys).	Complete Examinations	79	12	15.2
	Total	79	12	15.2
Hele's (Boys).	Complete Examinations	235	54	23.0
	Curtailed Examinations	146	7	4.8
	Total	381	61	16.01

TABLE III.

Numerical Return of all Exceptional Children in the Area in 1938.

Nil.

TABLE IV.

GROUP I.—Treatment of Minor Ailments, 1938.

No arrangements are made by the Local Education Authority for treatment

GROUP II.—Defective Vision and Squint.

School.	Defect or Disease.	Number of Defects dealt with.		
		Submitted to refraction by private practitioner or at Hospital.	Other-wise.	Total.
Junior Technical (Boys).	Errors of Refraction (including Squint)	3	—	3
	Total	3	—	3

Total number of Children for whom spectacles were prescribed and received spectacles.—2.

Hele's (Boys).	Errors of Refraction (including Squint).	20	—	20
	Total	20	—	20

Total number of Children for whom spectacles were prescribed and received spectacles—19.

GROUPS III., IV., and V.—Nil.